

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	09/932,503
		Filing Date	August 17, 2001
		First Named Inventor	Steve J. D. Bell
		Group Art Unit	1645
		Examiner Name	Zeman, Robert A.
Total Number of Pages in This Submission		Attorney Docket Number	37070/207071

### ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Form PTO/SB/08 (one sheet) 3 publications
Remarks		

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Kristin Mallatt Crail, Reg. No. 46,895
Signature	
Date	April 8, 2005

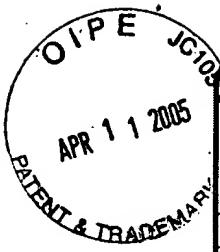
### CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 April 8, 2005

Typed or printed name	Colleen Kadian
Signature	

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

## FEE TRANSMITTAL for FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$ 180)

Complete if Known

Application Number	09/932,503
Filing Date	August 17, 2001
First Named Inventor	Steve J.D. Bell
Examiner Name	Zeman, Robert A.
Art Unit	1645
Attorney Docket No.	37070/207071

**METHOD OF PAYMENT** (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify) : \_\_\_\_\_

Deposit Account Deposit Account Number: 11-0855 Deposit Account Name: Kilpatrick Stockton LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments

Under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

Small Entity	
Fee (\$)	Fee (\$)
50	25
200	100
360	180

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
				Fee (\$)	Fee Paid (\$)
-20 or HP=	x	=			

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
				Fee (\$)	Fee Paid (\$)
- 3 or HP=	x	=			

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge) : Information Disclosure Statement

180

**SUBMITTED BY**

Signature	Kristin Crall	Registration No. (Attorney/Agent)	46,895	Telephone	404-815-8500
Name (Print/Type)	Kristin Mallat Crall			Date	April 8, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing this form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: )  
Steve J. D. Bell, et al. ) Group Art Unit: 1645  
Serial No.: 09/932,503 ) Examiner: Zeman, Robert A.  
Filed: August 17, 2001 )  
For: COMPOSITIONS AND METHODS )  
FOR THERAPEUTIC AGENTS )  
COMPLEXED WITH CALCIUM )  
PHOSPHATE AND ENCASED )  
BY CASEIN )

Attorney Docket No. 37070/207071

Mail Stop Amendment  
Commissioner for Patents  
P. O. Box 1450  
Alexandria, Virginia 22313-1450

Date: April 8, 2005

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Sir:

In accordance with Rules 56, 97 and 98 of the Rules of Practice in Patent Cases (37 C.F.R. §§ 1.56, 1.97, and 1.98), the publications listed on the enclosed Form PTO/SB/08 are submitted for consideration by the Examiner. Copies of the cited documents are enclosed.

Submission of the references provided in this Information Disclosure is not intended to constitute an admission that any reference referred to herein is prior art for this invention unless specially designated as such. Also, in accordance with 37 C.F.R. § 1.97(g), the filing of this Information Disclosure Statement shall not be construed to mean that a search has been made, or that no other material information as defined in 37 C.F.R. § 1.56(a) exists.

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U.S. Serial No. 09/932,503

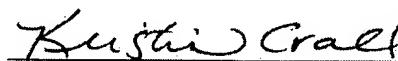
Filed: August 17, 2001

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

This Information Disclosure Statement is being filed pursuant to 37 CFR 1.97(d).

Applicants, through the undersigned representative, state that each item of information contained in this paper was first cited in a communication from a foreign patent office in a counterpart foreign application not more than three months prior to the filing of this paper. Enclosed is Form PTO-2038 with authorization to charge our credit card account. The Commissioner is authorized to charge any additional fees that may be due or credit any overpayment to Deposit Account No. 11-0855.

Respectfully submitted,

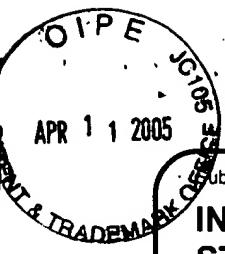


Kristin Mallatt Crall

Reg. No. 45,895

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Substitute for form 1449A/PTO

## **INFORMATION DISCLOSURE STATEMENT BY APPLICANT**

(use as many sheets as necessary)

Substitute for form 1449A/PTO		<b>Complete if Known</b>	
<b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b>  <i>(use as many sheets as necessary)</i>		Application Number	09/932,503
		Date Filed:	August 17, 2001
		First Named Inventor	Steve J. D. BELL
		Group Art Unit	1645
		Examiner Name	ZEMAN, Robert A.
Sheet	1	of	1
		Attorney Docket Number	
		37070/207071	

## **FOREIGN PATENT DOCUMENTS**

## **OTHER PRIOR ART -- NON PATENT LITERATURE DOCUMENTS**

Examiner Initials *	Cite No. <sup>1</sup>	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T <sup>2</sup>
Communication issued by the European Patent Office dated January 17, 2005			

**Examiner Signature** \_\_\_\_\_ **Date Considered** \_\_\_\_\_

\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.